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AUG 2 5 2006

Reg. No. 26,803

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/726,476 12/03/2003 Gabriele Nelles 282439US8X					XCON 501 +7-03972:1	5895
TITLE OF INVENTION: H	OLE TRANSPORTING AC	GENTS AND PHO	TOELECTR	C CONVERSION DEVICE CO	OMPRISING THE SAME	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	09/27/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
DIAMOND, ALAN D		1753	;	136-263000		
1. Change of correspondenc CFR 1.363).	e address or indication of "F	ee Address" (37	2. For printing on the patent front page, list OBLON, SPIVAK,			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
_			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON	THE PATEN	Γ (print or type)	· ·	· ··· - ···
PLEASE NOTE: Unless	an assignee is identified be	elow, no assignee	data will app	ear on the patent. If an assignment	HEART HORMOOD 1990	188726476 as been filed for
(A) NAME OF ASSIGNEE			the data will appear on the patent. If an assignment is the substitute for filing an assignment is f(::1:4) (B) RESIDENCE: (CITY and STA 32 OF TSHINTRY) 1469.09 OP			TAGG. GR. Ch.
Sony Deutschland GmbH			Koeln, GERMANY			
•						
Please check the appropriate	assignee category or category	ries (will not be pr	inted on the p	patent):	orporation or other private gr	oup entity Government
4a. The following fee(s) are	enclosed:	41	o. Payment of	Fee(s):		
Issue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).			
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	MALL ENTITY status. See		□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
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